STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445487	A. BUILDING _____ B. WING _____	03/05/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHRISTIAN CARE CENTER OF JOHNSON CITY, INC	140 TECHNOLOGY LANE JOHNSON CITY, TN 37604

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 157 SS=D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member. This REQUIREMENT is not met as evidenced by: Based on medical record review, facility policy review, and interview, the facility failed to notify the physician of a change in condition for one	F 157	Disclaimer for Plan of Correction Preparation and/or execution of this Plan of Correction does not constitute an admission or agreement by Christian Care Center of Johnson City of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. Christian Care Center of Johnson City files this Plan of Correction solely because it is required to do so for continued state licensure as a health care provider and/or for participation in the Medicare/Medicaid program. The facility does not admit that any deficiency existed prior to, at the time of, or after the survey. The facility reserves all rights to contest the survey findings through informal dispute resolution, formal appeal and any other applicable legal or administrative proceedings. This Plan of Correction should not be taken as establishing any standard of care, and the facility submits that the actions taken by or in response to the survey findings far exceed the standard of care. This document is not intended to waive any defense, legal or equitable, in administrative, civil or criminal proceedings. **F 157** Christian Care Center of Johnson City believes its current practices were in compliance with the applicable standard of care, but in order to respond to this citation from the surveyors, the facility is taking the following additional actions:	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Administrator | (X6) DATE: 3-19-14

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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CHRISTIAN CARE CENTER OF JOHNSON CITY, INC	140 TECHNOLOGY LANE JOHNSON CITY, TN 37604

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F 157	Continued From page 1 resident (#6) of thirty residents reviewed. The findings included: Resident #6 was admitted to the facility on March 10, 2010, with diagnoses including Constipation, Hyperlipidemia, Bradycardia and Hyperkalemia. Medical record review of the Interdisciplinary Progress Notes dated September 21, 2013 through November 21, 2013, revealed the resident had complained of "tremors" with no documentation of the resident's physician being notified. Medical record review of a Cardiologist Patient Plan dated January 3, 2014 revealed "...Start Propranolol 120 milligrams (mg) daily for tremors..." Interview with the Director of Nurisng in the Conference Room on March 5, 2014, at 2:30 p.m., confirmed the facility had failed to notify the physician the resident had experienced tremors over a three month period of time.	F 157	Corrective Actions for Targeted Residents Resident #6's attending physician was made aware of resident's tremors on 3/6/14 by the Director of Nursing. The physician added no new orders for resident #6. Identification of Other Residents with Potential to be Affected Residents experiencing a change in condition have the potential to be affected by this practice. One-to-one in-services were started on 3/6/14 by the Administrator to educate nursing staff on the importance of notifying a resident's attending physician should the resident have a change in condition. Systematic Changes An in-service was held on 3/14/14 by the Director of Nursing for nursing staff regarding the importance of notifying the attending physician of changes in a resident's condition. The staff was also educated on documenting any change in a resident's condition on the 24-hour Nursing Report to communicate changes to the Administrative Staff. This in-service will be repeated on 3/21/14 by the Director of Nursing to ensure current nursing staff is educated. Newly-hired nursing staff will be educated during their orientation period regarding the importance of notifying the attending physician regarding residents experiencing a change in condition.	
F 176 SS=D	483.10(n) RESIDENT SELF-ADMINISTER DRUGS IF DEEMED SAFE An individual resident may self-administer drugs if the interdisciplinary team, as defined by §483.20(d)(2)(ii), has determined that this practice is safe. This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview the facility failed to ensure a	F 176		

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F 157	Continued From page 1 resident (#6) of thirty residents reviewed. The findings included: Resident #6 was admitted to the facility on March 10, 2010, with diagnoses including Constipation, Hyperlipidemia, Bradycardia and Hyperkalemia. Medical record review of the Interdisciplinary Progress Notes dated September 21, 2013 through November 21, 2013, revealed the resident had complained of "tremors" with no documentation of the resident's physician being notified. Medical record review of a Cardiologist Patient Plan dated January 3, 2014 revealed "...Start Propranolol 120 milligrams (mg) daily for tremors..." Interview with the Director of Nurisng in the Conference Room on March 5, 2014, at 2:30 p.m., confirmed the facility had failed to notify the physician the resident had experienced tremors over a three month period of time.	F 157	Monitoring A monthly audit of 24-hour Nursing Reports will be conducted by the Assistant Director of Nursing to ensure the attending physician is notified of a resident experiencing a change in condition. Stop and Watch and SBAR tools from the INTERACT Program were initiated by the Director of Nursing on 3/7/14 to capture and report any changes in residents' condition to the attending physician as follow-up. Results of the 24-hour Nursing Reports audit will be presented by the Assistant Director of Nursing to the monthly Performance Improvement Committee for review and recommendations until desired threshold is met for three consecutive months; then quarterly. The Performance Improvement Committee consists of the Administrator, Director of Nursing, Assistant Director of Nursing, MDS Coordinator, Medical Records Director, Maintenance Director, Social Services Director, Dietary Manager, Housekeeping/ Laundry Director, Activities Director, Business Office Manager, HR Manager, Medical Director and Consultant Pharmacist.	3/21/14
F 176 SS=D	483.10(n) RESIDENT SELF-ADMINISTER DRUGS IF DEEMED SAFE An individual resident may self-administer drugs if the interdisciplinary team, as defined by §483.20(d)(2)(ii), has determined that this practice is safe. This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview the facility failed to ensure a	F 176		

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F 176	Continued From page 2 resident was assessed to be safe for self-administration of a medication for one resident (#6) of thirty residents reviewed. The findings included: Resident #6 was admitted to the facility on March 12, 2010, with diagnoses including Constipation, Hyperlipidemia, Bradycardia, and Hyperkalemia. Medical record review of the Physician's Recapitulation Orders dated March 1, 2014, revealed "...Miralax 17 Grams in four ounces of juice by mouth with breakfast..." Observation in the resident's room on March 4, 2014, at 9:00 a.m., revealed the resident putting a powder into a glass of liquid. Interview with the resident at the time of the observation revealed the powder as "Miralax." Continued observation revealed the resident then ingested the contents. Interview with Licensed Practical Nurse (LPN #1) on March 4, 2014, at 9:21 a.m., at the Faithway nurse's station revealed "named nurse must have left the Miralax at the bed side of the resident this morning." Interview with the Director of Nursing on March 5, 2014, at 3:38 p.m., at the Joy nurse's station confirmed resident #6 had not been assessed to be safe for self-administration of medication.	F 176	**F 176** Christian Care Center of Johnson City believes its current practices were in compliance with the applicable standard of care, but in order to respond to this citation from the surveyors, the facility is taking the following additional actions: Corrective Actions for Targeted Residents The cited nurse was counseled on 3/4/14 by the Director of Nursing regarding failure to observe resident #6 taking her medications unless the resident has been assessed to safely self-medicate. Resident #6 showed no ill effects from this practice. Identification of Other Residents with Potential to be Affected Residents receiving medications administered by licensed staff have the potential to be affected by this practice. No other medications have been noted at the bedside since this occurrence. Systematic Changes An in-service was held on 3/14/14 for licensed staff by the Director of Nursing regarding the need to observe residents taking their medications and not leaving the medications at bedside unless the resident has been assessed to safely self-medicate. This in-service will be repeated on 3/21/14 by the Director of Nursing to ensure	
F 279 SS=D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.	F 279		

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F 176	Continued From page 2 resident was assessed to be safe for self-administration of a medication for one resident (#6) of thirty residents reviewed. The findings included: Resident #6 was admitted to the facility on March 12, 2010, with diagnoses including Constipation, Hyperlipidemia, Bradycardia, and Hyperkalemia. Medical record review of the Physician's Recapitulation Orders dated March 1, 2014, revealed "...Miralax 17 Grams in four ounces of juice by mouth with breakfast..." Observation in the resident's room on March 4, 2014, at 9:00 a.m., revealed the resident putting a powder into a glass of liquid. Interview with the resident at the time of the observation revealed the powder as "Miralax." Continued observation revealed the resident then ingested the contents. Interview with Licensed Practical Nurse (LPN #1) on March 4, 2014, at 9:21 a.m., at the Faithway nurse's station revealed "named nurse must have left the Miralax at the bed side of the resident this morning." Interview with the Director of Nursing on March 5, 2014, at 3:38 p.m., at the Joy nurse's station confirmed resident #6 had not been assessed to be safe for self-administration of medication.	F 176	licensed staff are educated. Newly-hired nurses will be educated during their orientation period regarding the need to observe residents taking their medications and not leaving medications at bedside unless the resident has been assessed to safely self-medicate. The Consultant Pharmacist will conduct a Medication Administration Pass with licensed nurses as part of the monthly compliance visit to ensure nurses observe residents taking their medications. <u>Monitoring</u> A weekly observation audit will be conducted for four weeks by the Assistant Director of Nursing to ensure no medications are left at resident's bedside unless the resident has been assessed to safely self-medicate; then the audit will be conducted monthly by the Assistant Director of Nursing. The results of these audits will be presented by the Assistant Director of Nursing to the monthly Performance Improvement Committee for review and recommendations until desired threshold is met for three consecutive months; then quarterly. The Performance Improvement Committee consists of the Administrator, Director of Nursing, Assistant Director of Nursing, MDS Coordinator, Medical Records Director, Maintenance Director, Social Services Director, Dietary Manager, Housekeeping/ Laundry Director, Activities Director, Business Office Manager, HR Manager, Medical Director and Consultant Pharmacist.	
F 279 SS=D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.	F 279		3/21/14

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F 279	Continued From page 3 The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4). This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to develop a care plan for one resident (#34) for Depression and for one resident (#137) with Raynaud's Disease of thirty residents reviewed. The finding included: Resident #34 was initially admitted to the facility on July 19, 2013, and readmitted on September 19, 2013, with diagnoses including Chronic Heart Failure, Dementia, Depression, Psychosis, and Anemia. Observation on March 5, 2014, at 9:09 a.m., in resident's room revealed the resident lying in bed quietly with eyes closed.	F 279	**F 279** Christian Care Center of Johnson City believes its current practices were in compliance with the applicable standard of care, but in order to respond to this citation from the surveyors, the facility is taking the following additional actions: Corrective Actions for Targeted Residents Resident #34 was care planned on 3/5/14 by the MDS Coordinator for diagnosis of depression. Resident #137 was care planned on 3/5/14 by the MDS Coordinator for diagnosis of Renaults Disease. Identification of Other Residents with Potential to be Affected Current residents have the potential to be affected by this practice. Care Plans are being reviewed by the MDS Coordinator to ensure pertinent diagnoses are care planned appropriately. This review will be completed by 3/28/14. Systematic Changes An in-service was held on 3/14/14 by the Director of Nursing for nursing staff regarding the need to care plan pertinent diagnoses appropriately. This in-service will be repeated on 3/21/14 by the Director of Nursing to ensure nursing staff is educated. Newly-hired nursing staff will be educated	

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F 279	Continued From page 6 just real cold yesterday but they warmed up last night...usually wear gloves at home but I don't have any here." Interview with the Director of Nursing on March 5, 2014, at 10:10 a.m., in the conference room confirmed the Raynaud's Syndrome was not on the Interim Care Plan. Interview with the Interim Assistant Director of Nursing (ADON) on March 3, 2014, at 10:22 a.m., in the activity room revealed "I talked with (resident's) daughter when (resident) was admitted and she told me about the Raynaud's and said (resident) wears gloves at home when...is outside and it is really cold." Continued interview with the ADON confirmed the Raynaud's Syndrome was not on the Interim Care Plan.	F 279	by the Director of Nursing during their orientation period regarding the importance of care planning pertinent diagnoses as appropriate. Monitoring A monthly random audit of resident care plans will be conducted by the Assessment Nurse to ensure that pertinent diagnoses have been appropriately care planned. The results of this audit will be presented by the Assessment Nurse to the monthly Performance Improvement Committee for review and recommendations until desired threshold is met for three consecutive months; then quarterly. The Performance Improvement Committee consists of the Administrator, Director of Nursing, Assistant Director of Nursing, MDS Coordinator, Medical Records Director, Maintenance Director, Social Services Director, Dietary Manager, Housekeeping/ Laundry Director, Activities Director, Business Office Manager, HR Manager, Medical Director and Consultant Pharmacist.	3/28/14
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to ensure safety devices were in place for one resident (#72) of thirty residents reviewed. The findings included:	F 323	**F 323** Christian Care Center of Johnson City believes its current practices were in compliance with the applicable standard of care, but in order to respond to this citation from the surveyors, the facility is taking the following additional actions:	

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F 323	Continued From page 7 Resident #72 was admitted to the facility on March 16, 2012, with diagnoses including Abnormal Gait, Atrial Fibrillation, and Coronary Artery Disease. Medical record review of the care plan updated December 4, 2013, revealed "...Problem Potential for Injury...history of falls...Intervention...Pressure alarm to bed to be turned on from 10:00 p.m. till 6:00 a.m..." Observation in the resident's room, on March 4, 2014, at 9:02 a.m., with Registered Nurse (RN #1) revealed no pressure alarm in the resident's room. Interview with RN #1 at the time of the observation confirmed the pressure alarm was not in teh resident's room. Interview on March 5, 2014, at 2:25 p.m., with the Director of Nursing confirmed the facility had failed to ensure a pressure alarm was available for use.	F 323	Corrective Actions for Targeted Residents Resident #72's alarm was discontinued on 3/5/14 by the attending physician secondary to resident being noncompliant with keeping the device in place. Identification of Other Residents with Potential to be Affected Residents utilizing safety devices have the potential to be affected by this practice. Residents utilizing safety devices were visually checked on 3/18/14 by the Medical Records Director to ensure safety devices were in place. Others were found to be placed as ordered by the physician. Systematic Changes An in-service was held on 3/18/14 by the Medical Records Director to educate nursing staff of the importance of placing resident safety devices as ordered by the attending physician. This in-service will be repeated on 3/21/14 by the Director of Nursing to ensure nursing staff is educated. Newly-hired nursing staff will be educated by the Director of Nursing during their orientation period of the importance of placing resident safety devices as ordered by the physician. Monitoring A weekly random observation audit of residents utilizing safety devices will be conducted by the Medical Records Director for four weeks to ensure devices are in	
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced	F 371		

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F 371	Continued From page 8 by: Based on observation and interview, the facility failed to maintain sanitary conditions during the process of obtaining food temperatures in the food preparation area. The findings included: Observation of the kitchen on March 4, 2014, at 12:32 p.m., revealed the Registered Dietitian (RD) preparing to take food temperatures of the food items on the tray line. Continued observation revealed the RD dropped a thermometer on the floor, picked the thermometer up from the floor, placed the thermometer behind the clean plates, and without washing the hands continued with checking the food temperatures. Interview with the RD in the Dietary Manager's office on March 4, 2014 at 12:45 p.m., confirmed the facility had failed to ensure santitary conditions by placing the contaminated thermometer near the clean plates and not washing the hands after picking up the thermometer from the floor.	F 371	place per physicians' orders; then audit will be conducted monthly by the Medical Records Director. This audit will also include checking the Kardex system and the residents' care plans to ensure safety devices are documented per physician's order. The results of these audits will be presented by the Medical Records Director to the monthly Performance Improvement Committee for review and recommend-ations until desired threshold is met for three consecutive months; then quarterly. The Performance Improvement Committee consists of the Administrator, Director of Nursing, Assistant Director of Nursing, MDS Coordinator, Medical Records Director, Maintenance Director, Social Services Director, Dietary Manager, Housekeeping/ Laundry Director, Activities Director, Business Office Manager, HR Manager, Medical Director and Consultant Pharmacist. **F 371** Christian Care Center of Johnson City believes its current practices were in compliance with the applicable standard of care, but in order to respond to this citation from the surveyors, the facility is taking the following additional actions:	3/21/14

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F 371	Continued From page 8 by: Based on observation and interview, the facility failed to maintain sanitary conditions during the process of obtaining food temperatures in the food preparation area. The findings included: Observation of the kitchen on March 4, 2014, at 12:32 p.m., revealed the Registered Dietitian (RD) preparing to take food temperatures of the food items on the tray line. Continued observation revealed the RD dropped a thermometer on the floor, picked the thermometer up from the floor, placed the thermometer behind the clean plates, and without washing the hands continued with checking the food temperatures. Interview with the RD in the Dietary Manager's office on March 4, 2014 at 12:45 p.m., confirmed the facility had failed to ensure santitary conditions by placing the contaminated thermometer near the clean plates and not washing the hands after picking up the thermometer from the floor.	F 371	Corrective Actions for Targeted Residents Cited Registered Dietician was counseled on 3/4/14 by the Administrator regarding the importance of not placing contaminated items near clean dishes, and washing her hands after picking up items from the floor. No harm was noted from this isolated incident. Identification of Other Residents with Potential to be Affected Current residents have the potential to be affected by this practice. Dietary Staff on duty on 3/6/14 was in-serviced by the Dietary Manager regarding not placing contaminated items near clean dishes and hand washing after picking up items from the floor. Systematic Changes An in-service was held on 3/714 by the Dietary Manager for dietary staff regarding not placing contaminated items near clean dishes, and proper hand washing after picking up items from the floor. This in-service will be repeated on 3/21/14 by the Dietary Manager to ensure dietary staff is educated. Newly-hired dietary staff will be educated during their orientation period regarding not placing contaminated items near clean dishes and proper hand washing after pickup up items from the floor.	

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CHRISTIAN CARE CENTER OF JOHNSON CITY, INC	140 TECHNOLOGY LANE JOHNSON CITY, TN 37604

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 371	Continued From page 8 by: Based on observation and interview, the facility failed to maintain sanitary conditions during the process of obtaining food temperatures in the food preparation area. The findings included: Observation of the kitchen on March 4, 2014, at 12:32 p.m., revealed the Registered Dietitian (RD) preparing to take food temperatures of the food items on the tray line. Continued observation revealed the RD dropped a thermometer on the floor, picked the thermometer up from the floor, placed the thermometer behind the clean plates, and without washing the hands continued with checking the food temperatures. Interview with the RD in the Dietary Manager's office on March 4, 2014 at 12:45 p.m., confirmed the facility had failed to ensure santitary conditions by placing the contaminated thermometer near the clean plates and not washing the hands after picking up the thermometer from the floor.	F 371	Monitoring A weekly random observation audit will be conducted by the Dietary Manager for four weeks to ensure dietary staff are not placing contaminated items near clean dishes, and that appropriate hand washing occurs, especially after dropping any items on the floor. This audit will then be conducted monthly by the Dietary Manager. Results of this audit will be presented by the Dietary Manager to the monthly Performance Improvement Committee for review and recommend-ations until desired threshold is met for three consecutive months; then quarterly. The Performance Improvement Committee consists of the Administrator, Director of Nursing, Assistant Director of Nursing, MDS Coordinator, Medical Records Director, Maintenance Director, Social Services Director, Dietary Manager, Housekeeping/ Laundry Director, Activities Director, Business Office Manager, HR Manager, Medical Director and Consultant Pharmacist.	3/21/14